

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Santa Barbara Women's Political Committee		FEC IDENTIFICATION NUMBER ▼ C C00429456	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Santa Barbara Independent		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0</div> </div>	
Mailing Address 122 W Figuero St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">35.31</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Santa Barbara</div> <div>State CA</div> <div>Zip Code 93101</div> </div>		Transaction ID: SE000000000000777188	
Purpose of Expenditure Newspaper Advertising		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lois Capps		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1563.64</div>	
Full Name (Last, First, Middle, Initial) of Payee Santa Barbara Independent		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0</div> </div>	
Mailing Address 122 W Figuero St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">35.32</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Santa Barbara</div> <div>State CA</div> <div>Zip Code 93101</div> </div>		Transaction ID: SE000000000000777199	
Purpose of Expenditure Newspaper Advertising		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barbara Boxer		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">63.66</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">70.63</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">127.30</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mahsheed Ayoub _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0</div> </div>	